

MULTIPLE DEPT. CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/56	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2		1				52							
3		1				53							
4	1					54							
5		1				55							
6		1				56							
7		2				57							
8		2				58							
9		2				59							
10		(1)				60							
11		(1)				61							
12	1					62							
13		1				63							
14		1				64							
15		3				65							
16		3				66							
17						67							
18						68							
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41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	3	↓		↓	↓	TOTAL IND.		↓		↓	↓		
TOTAL DEP.	20	←	←	←	←	TOTAL DEP.		←		←	←		
TOTAL CLAIMS	23	████████	████████	████████	████████	TOTAL CLAIMS		████████		████████	████████		